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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	132800002		CITY OR TOW	N WAKEHA	IVI
APPLICATION FOR	RENEWAL:	: Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	VEL'S, INC				
DOING BUSINESS A	A VEL'S RES	STAURANT			
ADDRESS 2352 CRA	ANBERRY H	IGWY			
CITY/TOWN: WAR	EHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: BUM	P, Carlton	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED P	REMISES:			
		isting of kitchen, lounge, tw front entrances and exits, t		andicapped rest	trooms
I hereby certify and sv	vear under pe	enalties of perjury that:			
1. the renewe	d license will	l be of the same type for th	e same premises no	ow licensed;	
2. the license	e has complie	ed with all laws of the Com	monwealth relatin	g to taxes; and	
3. the premise	es are now or	oen for business (If not exp	lain below)		
SIGNED BY:					
	Individual, I	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned	attact that	we are in possession (1) tl	no contificato nocu	ined by Chant	on 2011 of the
		ling inspector and the hea			
license and (2) the c	ertificate of l	liquor liability insurance	required by Chap	oter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I.	32800006		CI	I Y OR TOV	VN WAKEHA	IVI
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: W	AREHAM LO	DGE OF ELKS,	#1548			
DOING BUSINESS A						
ADDRESS 2855 CRAN	BERRY HGW	Y				
CITY/TOWN: WAREI	HAM	STATE:	MA	ZIP CODE	: 02538	
MANAGER: Garcia, I	Manual J. T	YPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC	ENSED PREM	IISES:				
2855 CRANBERRY HI OF TWO DINING RMS FRONT ENT.,TWO SII	S,TWO LOUNG	GES,ONE KITCI	HEN & O			
I hereby certify and swea	ar under penalti	es of perjury that	<b>:</b> :			
1. the renewed l	license will be o	of the same type i	for the sar	ne premises r	now licensed;	
2. the licensee h	nas complied wi	ith all laws of the	Common	wealth relation	ng to taxes; and	
3. the premises	are now open for	or business (If no	t explain	below)		
SIGNED BY:	adividual Partn	er or Authorized	Corporat	e Officer		
п	idividuai, i arui	ici of Authorized	Corporati	COINCCI		
DATE:	TEI EDUC	ONE NUMBER:		EMPLO	YER IDENTIFICAT	TION NUMBER:
	TELEFIC	ME NUMBER.			Individual Social S	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building i	inspector and th	e head of	the fire dep	artment for the	above named
Please Check Below:			]	LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			]	Ву:		
DISAPPROVED: (If disapproved explain)						
(11 disappioved expiaili)						
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY	Y LICENSEES DURING	THE MONT	H OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 132800007		CITY OR TOWN WAREH	IAM
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: FAN CLUB, INC			
DOING BUSIN	ESS A			
ADDRESS 285	9 CRANBERRY HGWY	7		
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE: 02538	
	JUSTICE, GLENN TY R.	PE OF LICENSE: Resi	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	ISES:		
ROOMS CONS LOUNGE. THE	IST OF A GAME ROOM	M, LOUNGE, BAR AN TRANCE, 1 FRONT I	OF APPRO 5000 SQ. FT. TH ND FOOD AREA. POCKET I EMERGENCY DOOR, ONE DOORS.	BILLARD
I hereby certify	and swear under penaltie	s of perjury that:		
1. the re	enewed license will be of	f the same type for the	same premises now licensed;	
2. the li	icensee has complied with	h all laws of the Comm	onwealth relating to taxes; an	d
3. the p	oremises are now open for	r business (If not expla	in below)	
SIGNED BY:	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, s	igned by the building in	spector and the head	certificate required by Cha of the fire department for t equired by Chapter 116 of th	he above named
Please Check Below	<u>v:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved				
(11 disappioved	слрішіі)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800008		CITY OR TOWN WAREHA	AIVI
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 99 RESTAUR	RANTS OF BOSTON, LLC		
DOING BUSINESS A 99 RESTAU	JRANT & PUB		
ADDRESS 3013 CRANBERRY HO	GWY		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02532	
MANAGER: cardeiro, todd	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
single story bldg with four exits, thr	ee dining rooms, lounge ar	ea, liquor storage area and beer	coolers
I hereby certify and swear under pen	alties of perjury that:		
1. the renewed license will be	be of the same type for the	same premises now licensed;	
2. the licensee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now ope	n for business (If not expla	in below)	
SIGNED BY:			
Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
<b>33</b> 7 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. (1) (1	410° 4	4 204 641
We the undersigned, attest that w Acts of 2004, signed by the building			
license and (2) the certificate of lie			
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:		·	
(If disapproved explain)			
			<u>_</u>
D 4 777			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800011		CITY	OR TOWN	WAREHA	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 3138 CR.	A					
CITY/TOWN: WAI		STATE: M	[A 7]]	P CODE:	02538	
	SEY, CHERYLTYPE				CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDI	RESS		
DESCRIPTION OF I	LICENSED PREMISE	ES:				
LOUNGE ( RELOCA	ISTING OF A KITCH ATED TO WEST WIN ING HAS TWO ENT	NG) HANDICA	PPED RES	TROOMS,		
I hereby certify and s	wear under penalties o	of perjury that:				
1. the renewe	ed license will be of the	e same type for	the same pr	remises nov	v licensed;	
2. the license	ee has complied with a	Il laws of the C	ommonweal	th relating	to taxes; and	
3. the premis	ses are now open for b	usiness (If not e	xplain belo	w)		
SIGNED BY:	Individual, Partner o	or Authorized Co	orporate Of	ficer		
DATE:					D 100 100 100 100 100 100 100 100 100 10	
DATE:	TELEPHONE	NUMBER:	(1			FION NUMBER: Security Number)
Acts of 2004, signed	l, attest that we are in by the building inspertificate of liquor li	ector and the l	nead of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	in)					
(11 disappioved expia	iii <i>)</i>					
DATE:						
	AL MUCT DE EURD DATA	ENCEEC DUDING TO	IE MONTH OF	NOVEMBER 2	ACI CL 120 A 1	
ALLICATION FOR KENEW	'AL MUST BE FILED BY LIC	ENSEES DUKING H	1L MONTH OF	NOVEWBEK (I	vi.g.l. Cil. 138 \$ 10	ua)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800015	CITY OR TOWN WAREHAM
APPLICATION FOR RENEWAL: Annu	LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: HONG KONG ISLAND REST.,	INC.
DOING BUSINESS A	
ADDRESS 3035 CRANBERRY HWY	
CITY/TOWN: WAREHAM STATE:	MA ZIP CODE: 02532
MANAGER: CHAN, HENRY B. TYPE OF LICEN	SE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO STORY BLDG WITH ONLY THE FIRST FLOOSERVICE AND CONSUMPTION. CONSISTS OF A LOUNGE AND TWO DINING AREAS. FRONT ENTEXITS AND ONE DELIVERY ENTRANCE AND EX	KITCHEN, TWO STORAGE AREAS, RANCE AND EXIT,THREE EMERGENCY
I hereby certify and swear under penalties of perjury that	it:
1. the renewed license will be of the same type	for the same premises now licensed;
2. the licensee has complied with all laws of the	-
3. the premises are now open for business (If n	ot explain below)
SIGNED BY:	
Individual, Partner or Authorized	l Corporate Officer
Individual, Partner or Authorized	l Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE.	
DATE.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1 (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the signed of the signed by the building inspector and the signed of the signed by the building inspector and the signed of t	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  1 (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13280001	6	CITY OR TOWN WAREHA	M
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TROVA I	NC.		
DOING BUSINESS A BAILEY	'S SURF N' TURF		
ADDRESS 3056 CRANBERRY	HWY		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02532	
MANAGER: O'MELIA, RICHARD	TYPE OF LICENSE: Resi	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED			
TWO STORY WOODEN BLDO ENLARGED LOUNGE 7 WAIT STORAGE SPACE. BLDG. HA EMERGENCY EXIT IN THE L	'ING AREA. SECOND FLR ( S THREE ENTRANCES/EXI'	CONSISTS OF A N OFFICE A	ND
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the	same premises now licensed;	
-		nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	in below)	
SIGNED BY: Individual	l, Partner or Authorized Corpor	rate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
We the undersigned, attest tha Acts of 2004, signed by the builicense and (2) the certificate of	llding inspector and the head	of the fire department for the	e above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800017		CITY OR TO	WN WAREHA	IVI
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: CHARLIE'S PLACE	E, INC.			
DOING BUSINESS	S A				
ADDRESS 3075 CI	RANBERRY HWY.				
CITY/TOWN: WA	AREHAM	STATE: MA	ZIP CODE	E: 02532	
MANAGER: NIC CHA	CKOLAOW, TYP ARLES J.	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	ES:			
DINING ROOM, K	ITCHEN, CELLAR F	OR STORAGE. OU	TSIDE DECK		
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of to	he same type for the	same premises	now licensed;	
2. the licen	see has complied with	all laws of the Comr	nonwealth relati	ng to taxes; and	
3. the prem	nises are now open for l	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLO	OYER IDENTIFICA	TION NUMBER:
			(Note: NO'	$\underline{\Gamma}$ Individual Social S	Security Number)
	ed, attest that we are i				
	certificate of liquor l				
Please Check Below:			LOCALLIC	ENSING AUTH	ODITV
APPROVED:			By:	LINSING ACTII	OKITI
DISAPPROVED:			25.		
(If disapproved exp	lain)		-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800020		CITY OR TOWN	WAKEHAM
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DUDLEY L. BRO	WN POST 2846 VF	W OF US, INC.	
DOING BUSINESS	A DUDLEY L. BRO	OWN POST #2846	VFW OF US	
ADDRESS 4 GIBBS	ST.			
CITY/TOWN: WAI	REHAM	STATE: MA	ZIP CODE:	02558
MANAGER: LEE, JR.	ARTHUR R. TYI	PE OF LICENSE: Ve	eterans club C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
	FL., BASEMENT L	OUNGE & BASEM		S ON FIRST FLOOR, FRONT ENTRANCES
I hereby certify and s	wear under penalties	of perjury that:		
		the same type for the	=	
	•	all laws of the Com	· ·	to taxes; and
3. the premis	ses are now open for	business (If not exp	ain below)	
SIGNED BY:	Individual, Partner	or Authorized Corn	orate Officer	
		01 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>		
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned Acts of 2004, signed	l, attest that we are I by the building in	IE NUMBER:  e in possession (1) the spector and the hear	EMPLOYE (Note: <u>NOT</u> In	
We the undersigned Acts of 2004, signed license and (2) the consequence of the consequenc	l, attest that we are I by the building in	IE NUMBER:  e in possession (1) the spector and the hear	EMPLOYE (Note: <u>NOT</u> In  ne certificate required of the fire departed by Chapte	red by Chapter 304 of the ment for the above named
We the undersigned Acts of 2004, signed license and (2) the control of the contro	l, attest that we are I by the building in	IE NUMBER:  e in possession (1) the spector and the hear	EMPLOYE (Note: <u>NOT</u> In  ne certificate required of the fire departed by Chapte	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the control of the contro	l, attest that we are I by the building ins certificate of liquor	IE NUMBER:  e in possession (1) the spector and the hear	EMPLOYE (Note: NOT Integrate required of the fire departed by Chapter LOCAL LICENS	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the control of the contro	l, attest that we are I by the building ins certificate of liquor	IE NUMBER:  e in possession (1) the spector and the hear	EMPLOYE (Note: NOT Integrate required of the fire departed by Chapter LOCAL LICENS	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
We the undersigned Acts of 2004, signed license and (2) the control of the contro	l, attest that we are I by the building ins certificate of liquor	IE NUMBER:  e in possession (1) the spector and the hear	EMPLOYE (Note: NOT Integrate required of the fire departed by Chapter LOCAL LICENS	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800021		CITY OR TOWN WAREHAM
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LITTLE HADDON BUSINESS A		NC
ADDRESS LITTLE HARBOR R		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02571
MANAGER: DI RIENZO,CHRIST E B.	TYPE OF LICENSE:Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED I	PREMISES:	
TWO LOCKER/RESTROOMS, A	AND ATTIC, AND A STORA	ENCLOSED PORCH, PRO-SHOP, GEROOM WITH OFFICE.TWO _ONE SIDE ENTRANCE/ EXIT FOR
I hereby certify and swear under p	enalties of perjury that:	
1. the renewed license wi	ll be of the same type for the s	ame premises now licensed;
•	ied with all laws of the Comm pen for business (If not explain	onwealth relating to taxes; and n below)
SIGNED BY: Individual,	Partner or Authorized Corpor	ate Officer
DATE: TELL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 132800023		CITY OR TOW	N WAKEHA	IVI
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 745 MA		BE #156 OF THE IN	IPROVED ORD	ER	
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: Gust	afson, Philip C TYP	E OF LICENSE:Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
	DEN BUILDING CC AGE, CELLAR. TWO				, ONE
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of	he same type for the	same premises no	ow licensed;	
2. the licens	ee has complied with	all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	pector and the head	of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 132800024		CITY OR TOWN WAREF	IAM
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: CONCOL, IN	C.		
DOING BUSIN	NESS A NARROWS	CROSSING RESTAURA	NT	
ADDRESS 1 N	ARROWS RD.			
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE: 02571	
	NAWOICHIK, ROBERT J.	TYPE OF LICENSE: Res	taurant CATEGOR'	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
AREA, KITCH FRONT SIDE (	EN 1 ENLARGED S OF BUILDING ONE	TORAGE AREA & REST	IG ROOM WITH BAR & LC TROOMS.2 EXITS & ENTRA & ONE ENTRANCE ON BA	ANCES ON
I hereby certify	and swear under pena	alties of perjury that:		
1. the r	enewed license will b	e of the same type for the	same premises now licensed;	
2. the l	icensee has complied	with all laws of the Comn	nonwealth relating to taxes; an	d
3. the p	premises are now open	n for business (If not expla	in below)	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Society)	
Acts of 2004, s	signed by the buildin	g inspector and the head	e certificate required by Cha of the fire department for t equired by Chapter 116 of the	he above named
Please Check Below	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved	expiaiii)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800025		CITY (	OR TOWN	WAREHA	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A		UB, LLC				
ADDRESS 19 BAY I						
CITY/TOWN: WAR		STATE: MA	ZII	P CODE:	02558	
MANAGER: CRUM		E OF LICENSE:			CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDR	ESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
1ST FLR; PRO SHOP OFFICE, KITCHEN. OFFICE. THREE EN	GROUND FLOOR	; RESTROOMS, L				OOM AND
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of	the same type for the	he same pr	emises nov	v licensed;	
2. the licenses	has complied with	all laws of the Cor	nmonweal	th relating	to taxes; and	
3. the premise	s are now open for	business (If not exp	plain belov	w)		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Off	icer		
DATE:	TELEPHON	E NUMBER:	•	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEET TIOT	Z I (CIVIDZIC	(1)	Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building ins	spector and the he	ad of the	fire depar	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	$\neg$		By:			
DISAPPROVED: (If disapproved explain						
(ii disappioved explai	1)					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY LI	ICENSEES DURING THE	MONTH OF	NOVEMBER (	M.G.L. Ch. 138 \$ 10	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN WAREHAL	VI
Annual	LICENSED FOR 20	013
CLASS		YEAR
NY'S LAPIZZERIA LTI	D.	
ONY'S LA PIZZERIA		
STATE: MA	ZIP CODE: 02558	
YPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
		]
WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	_
ED DINING ROOM WI LAR USED FOR STOR	TH VIDEO AND PIN BALL C RAGE. HANDICAP RAMP LEA	SAMES
es of perjury that:		
• 1		
or business (If not explain	in below)	
er or Authorized Corpor	rate Officer	
NE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
nspector and the head	of the fire department for the	above named
	LOCAL LICENSING AUTHO	ORITY
	By:	
	Annual CLASS NY'S LAPIZZERIA LTI ONY'S LA PIZZERIA  STATE: MA STATE: MA YPE OF LICENSE:Rest WEBSITE AND ENTER YOUR EM. IISES: G CONSISTING OF KI ED DINING ROOM WI LAR USED FOR STOR BLDG HAS ONE ENT es of perjury that: of the same type for the st th all laws of the Commor business (If not explain one or Authorized Corporation of the NUMBER:  ONE NUMBER:	Annual LICENSED FOR 20 CLASS  NY'S LAPIZZERIA LTD.  DNY'S LA PIZZERIA  STATE: MA ZIP CODE: 02558  YPE OF LICENSE: Restaurant CATEGORY:  WEBSITE AND ENTER YOUR EMAIL ADDRESS  IISES:  G CONSISTING OF KITCHEN, TWO WALK IN COCED DINING ROOM WITH VIDEO AND PIN BALL COLLAR USED FOR STORAGE. HANDICAP RAMP LEADED HAS ONE ENTRANCE AND EXITS  es of perjury that:  of the same type for the same premises now licensed; the all laws of the Commonwealth relating to taxes; and or business (If not explain below)  er or Authorized Corporate Officer  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Street in possession (1) the certificate required by Chapter inspector and the head of the fire department for the or liability insurance required by Chapter 116 of the LOCAL LICENSING AUTHORS.



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800032		CITY OR TOWN	WAREHAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: ASSINIPPI LIQUO	ORS INC			
DOING BUSINESS A				
ADDRESS 3 BARKER RD				
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02538	
MANAGER: VEZINA, TYN RAYMOND A	PE OF LICENSE: Pack	cage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
one STORY WOODEN BLDG ONE SAONE FRONT ENTRANCE AND REAR		ROOM FOR STOR	AGE, NO CELLAR.	
the licensee has complied with     the premises are now open for  SIGNED BY:  Individual, Partner		in below)	taxes; and	
21.01.10.00.1, 2.01.01.2	or ramorizada corpor			
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:			ING AUTHORITY	
DISAPPROVED:		By:		
(If disapproved explain)		-		
		-		
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800033		CITY OR TOWN WAREF	IAM
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A SULLIVAN WIN	E & SPIRIT		
ADDRESS MARION	& CROMESETT R	OADS		
CITY/TOWN: WAF	REHAM	STATE: MA	ZIP CODE: 02571	
MANAGER: SULL C.	IVAN, JOEL TYP	E OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
I	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
FOR SALESONE	ROOM FOR STORA AND TWO BATHR	AGEWALK IN C ROOMSLIQUOR	RELIQUOR STORE HAS O OOLEREMPLOYEE AREA STORE HAS TWO FRONT	
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	e same premises now licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating to taxes; an	d
3. the premis	es are now open for l	business (If not expl	ain below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800034	ļ.	CITY OR TOWN WAREHAM		
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013		
	CLASS	YEA	AR	
LICENSEE NAME: MILL PON	ND STATION LLC			
DOING BUSINESS A MILL PC	OND STATION			
ADDRESS 2569 CRANBERRY	HGWY			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02571		
MANAGER: GADLES, JACK	D. TYPE OF LICENSE:Pac	ckage Store CATEGORY: All	Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
ROOMS FOR STORAGE. FROM	NT ENTRANCE AND EXIT	E ROOM FOR SALES AND TWO AND ONE REAR ENTRANCE ANI ES OR IN A STORAGE ROOM.	D	
2. the licensee has compl	* *	same premises now licensed; monwealth relating to taxes; and ain below)		
SIGNED BY: Individual,	, Partner or Authorized Corpo	orate Officer		
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securit		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITED By:	ГҮ	
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800035	,	LITY OR TOWN	WAKEHA	IVI
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
	(	CLASS			YEAR
LICENSEE NAME:	PEPIN'S, INC.				
DOING BUSINESS A	A PEPIN'S LIQUORS				
ADDRESS 2259 CRA	ANBERRY HWY				
CITY/TOWN: WAR	REHAM STAT	ΓE: MA	ZIP CODE:	02576	
MANAGER: PEPIN NORM	N, MARK TYPE OF LIG MAN	CENSE: Pack	age Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE AND I	ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
	ONE STORY, TWO ROOMS IS USED FOR STORAGE. I NCES.				CES AND
I hereby certify and sv	wear under penalties of perjur	y that:			
1. the renewe	ed license will be of the same	type for the s	ame premises nov	v licensed;	
2. the license	e has complied with all laws of	of the Commo	onwealth relating	to taxes; and	
3. the premise	es are now open for business	(If not explai	n below)		
SIGNED BY:					
	Individual, Partner or Autho	rized Corpor	ate Officer		
DATE:	TELEPHONE NUMB	ER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [	(n)				
(11 disappioved explai	,				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800036		CITY OR TOWN	WAREHAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: THE LIQUO	R LOCKER, INC.			
DOING BUSINESS A				
ADDRESS 3021 CRANBERRY HV	WY			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02532	
MANAGER: PAREKH,BHAVIN PRANAV	I TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PR	EMISES:			
ONE STORY BLDG. CONSISTING ONE FRONT ENTRANCE AND O		E REAR RM. IS USI	ED FOR STORAGE.	
2. the licensee has complied 3. the premises are now ope SIGNED BY:		=	o taxes; and	
Individual, Pa	artner or Authorized Corp	orate Officer		
DATE: TELEP	PHONE NUMBER:		IDENTIFICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800037	CITY OR TOWN WAREHAM			
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: SRI OM LL	С			
DOING BUSINESS A MAYFLOW	/ER LIQUORS			
ADDRESS 3150 CRANBERRY HV	WY			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02538	
MANAGER: JOHAR, MONIKA	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		<u> </u>
DESCRIPTION OF LICENSED PR	EMISES:			
BLDG. IS 1 1/2 STORY, FIRST FL STORAGE. ONE FRONT AND RI		MS FOR SALES,3 R	OOMS FOR	
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will l		e same premises now	licensed;	
2. the licensee has complied	l with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now ope	en for business (If not exp	lain below)		
SIGNED BY:				
	artner or Authorized Corp	orate Officer		
DATE: TELEP	PHONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13280003	8	CITY OR TOWN	WAREHAM
APPLICATION FOR RENEWA	L: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ACAP, IN	IC.		
DOING BUSINESS A WINES	& MORE, WAREHAM		
ADDRESS 2421 CRANBERRY	HIGHWAY		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02538
MANAGER:	TYPE OF LICENSE:P	ackage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
SINGLE STORY 40 X 60 STEE WITH AN OFFICE. ONE FROM			FOR STORAGE,
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for th	e same premises now li	icensed;
2. the licensee has comp	olied with all laws of the Con	nmonwealth relating to	taxes; and
3. the premises are now	open for business (If not exp	olain below)	
SIGNED BY:			
Individual	l, Partner or Authorized Corp	oorate Officer	
DATE: TEI	LEPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Indiv	vidual Social Security Number)
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800041		CITY OR TOWN	WAREHAM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAME:	THE JINJAS CO	), INC.			
DOING BUSINESS	A THE JUG SHO	P			
ADDRESS 221 MAI	N ST				
CITY/TOWN: WAI	REHAM	STATE: MA	ZIP CODE:	02571	
	ONTE, T LAIDE R.	YPE OF LICENSE:P	ackage Store Ca	ATEGORY: A	ll Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	MISES:			
		NG OF ONE ROOM I E AND ONE REAR I		NE ROOM FOR	l .
	ses are now open f	or business (If not exp	olain below)		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHORI	ITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800042		CITY OR I	OWN WAKEHA	AIVI
APPLICATION FOR	RENEWAL:	Annual	I	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	ONSET VILLAGE M	ARKET, INC.			
DOING BUSINESS A					
ADDRESS 231 ONSE	T AVE.				
CITY/TOWN: WAR	EHAM	STATE: MA	ZIP COI	DE: 02558	
MANAGER: PATE NATW	Z, TYPE (	OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMISES	<b>5</b> :			
ONE STORY CEMEN STORAGE. ONE FRO AT FRONT ENTRAN	ONT ENTRANCE/EX				
2. the licensee	I license will be of the has complied with all s are now open for bus	laws of the Con	nmonwealth rel		
SIGNED BY:	Individual, Partner or	Authorized Corp	porate Officer		
DATE:	TELEPHONE N	NUMBER:		PLOYER IDENTIFICA  OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL L	ICENSING AUTH	IORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800044		CITY OR TOWN	WAREHA	M
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	OAK GROVE CORF	ORATION			
DOING BUSINESS A	OAK GROVE PAC	KAGE STORE			
ADDRESS 47 DEPOT	T STREET				
CITY/TOWN: WAR	EHAM	STATE: MA	ZIP CODE:	02558	
MANAGER: MCCC G.	OY, RONALD TYPE	OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
3 ROOMS ON FIRST IN COOLER.	FLOOR. 1500 SQUA	ARE FT. RETAIL	SPACE IN FRONT	ROOM WIT	H WALK
2. the licensee	d license will be of the has complied with all as are now open for bu	l laws of the Com	nonwealth relating to		
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 132800045		CITY OR TOWN	WAREHAN	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	VINAYAK LIQUO	ORS INC.			
DOING BUSINESS	A ANCHOR LIQUO	ORS			
ADDRESS 02360	CRANBERRY HWA	Υ			
CITY/TOWN: WAI	REHAM	STATE: MA	ZIP CODE:	02576	
MANAGER: PATE	EL, DEEPAL TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	MAIL ADDRESS		ı
DESCRIPTION OF I	LICENSED PREMIS	SES:			
2 STORY STONE &		-			S.1 FOR
LIQUOR SALES,1 C ENTERANCE/ EXIT			PRE- MISE HAS I I	FRONT	
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	the same type for the	e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual Partner	or Authorized Corp	orata Officar		
	marviduai, r artilei	of Authorized Corp	orate Officer		
DATE:	TELEDION	E MUMBED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
21121	TELEPHON	E NUMBER:	(Note: NOT Ind		
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
*					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 132800046		CITY OR TOWN	WAREHAN	M
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: NARNARAYAN	LIQUORS INC.			
DOING BUSIN	NESS A WAREHAM LI	QUORS			
ADDRESS 419	MAIN STREET				
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE:	02571	
MANAGER:	PATEL, TY DIMPLEBEN N.	PE OF LICENSE: Pac	ckage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION	N OF LICENSED PREM	ISES:			
	WOODEN BLDG. CONS EE AND A CELLAR USE				
I hereby certify	and swear under penaltie	es of perjury that:			
1. the 1	renewed license will be of	f the same type for the	same premises now	licensed;	
2. the l	licensee has complied wit	h all laws of the Com	nonwealth relating to	o taxes; and	
3. the 1	premises are now open fo	r business (If not expl	ain below)		
SIGNED BY:	T P 11 1 D 4	A 41 ' 10	. 0.55		
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(1 total <u>1 to 1</u> mil	iividaai 500iai 50	ceurity rumber)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800047		CI	TY OR TOV	VN WARE	3HAM	
APPLICATION FOR	RENEWAL:	Annua	ıl	LIC	ENSED FO	R 2013	
		CLAS	S			YE	EAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 135 MAR	A BROWNE'S LIQ	•	INC.				
		CTL A TELE	3.5.1		00551		
CITY/TOWN: WAR			MA	ZIP CODE	: 02571	•	
MANAGER: JOHA	R, KARAN V. TY	PE OF LICENS	E:Packag	e Store	CATEGO	RY: A	ll Alcohol
EMAIL ADDRESS:							
P DESCRIPTION OF L	LEASE ALSO VISIT OUR W ICENSED PREMIS		YOUR EMAIL	ADDRESS			
ONE FLOOR STEEL STORAGE, ONE OF REDEMPTION CEN' AND TWO SIDE EN	FICE, ONE WALK TER. TWO FRONT	IN REFRIGER Γ ENTRANCES	RATOR A	ND ONE R	EAR ROOM	1 FOR	ANCE
2. the license	wear under penalties d license will be of e has complied with es are now open for	the same type f	or the san	wealth relati			
SIGNED BY:	Individual, Partner	or Authorized	Corporate	e Officer			
DATE:	TELEPHON	IE NUMBER:			DYER IDENTII □ Individual Sc		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			OCAL LIC	ENSING AU	JTHORI	ITY
DATE:			-				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800048		CITY OR TOWN	WAREHAM	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: G. S. CORPOR	RATION			
DOING BUSINESS A THE GATEW	VAY TAVERN			
ADDRESS 371 MARION RD.				
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: SAURO, JOSEPH C.	TYPE OF LICENSE:Rest	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PRE	EMISES:			
TWO STORY CEMENT BUILDING EXPANDED KITCHEN, OPEN PATFIRST FLOOR AND STORAGE ROFRONT ENTRANCE/EXIT, REAR I	TIO, HANDICAPPED AC OM AND OFFICE ON T	CESSIBLE RESTI HE SECOND. THI	ROOM ON THE	
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the s	same premises now	licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open	for business (If not expla	in below)		
SIGNED BY: Individual, Par	tner or Authorized Corpor	rate Officer		
DATE: TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER:	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	of the fire departs	nent for the above named	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				
DATE:			<del></del>	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800050		CITY OR TOWN	I WAREHAI	M
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	MARK INCORPORAT	ΓED			
DOING BUSINESS A	CHINA GARDEN				
ADDRESS 265 MARI	ON ROAD				
CITY/TOWN: WAR	EHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: Mark, J	TYPE C	F LICENSE:Re	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
265 MARION ROAD. KITCHEN, TWO RES BOILER ROOM. THE	TROOMS, ONE STO	RAGE ROOM,	ONE WALK-IN CO		
I hereby certify and sw	ear under penalties of p	perjury that:			
1. the renewed	license will be of the	same type for the	e same premises nov	w licensed;	
	has complied with all		_	to taxes; and	
3. the premises	s are now open for busing	iness (If not exp	ain below)		
SIGNED BY:	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT ndividual Social S	
We the undersigned, Acts of 2004, signed blicense and (2) the cer	y the building inspec	tor and the hea	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 132800057		CITY OR TOWN	WAREHAM
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: PIER VIEW RE	STAURANT, INC.		
DOING BUSINE	SS A STEPHEN'S L	OUNGE		
ADDRESS 201 C	ONSET AVENUE			
CITY/TOWN: V	VAREHAM	STATE: MA	ZIP CODE:	02558
	APTISTE, T TEPHEN M.	YPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREM	MISES:		
	IE FIRST FLOOR CO	RANCES AND EXITS DNSIST OF A KITCH		
<ol> <li>the rer</li> <li>the lice</li> </ol>	ensee has complied w	of the same type for the confirmal laws of the Conformal laws (If not exp	nmonwealth relating t	
SIGNED BY:	Individual, Partı	ner or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sig	ned by the building	inspector and the hea	ad of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	xpiaiii)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132800062		CITY (	OR TOWN	WAREHA	M
APPLICATION FO	R RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 777 MA	A	ST # 220 AMERIC	AN LEGIO	N, INC		
CITY/TOWN: WA		STATE: M	A ZIF	CODE:	02571	
MANAGER: FEA	RING, JOHN T	YPE OF LICENSE:	Veterans ch	ub C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDR	ESS		_
ONE STORY WOO TWO RESTROOMS AND EXITS AND	S AND A CELLAR	USED FOR STOR				
2. the licens	yed license will be one has complied with ses are now open for	es of perjury that: of the same type for oth all laws of the Co or business (If not ex	ommonweal xplain belov	th relating v)		
	individual, i urtii	er of Hamorized Co	Aportice Off	1001		
DATE:	TELEPHO	ONE NUMBER:	(N			FION NUMBER:
We the undersigne Acts of 2004, signe license and (2) the	d by the building i	inspector and the h	ead of the f	fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800065	CIT	Y OR TOWN WAREHAM
APPLICATION FOR RENEWAL:	: Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: L & W Hold DOING BUSINESS A Wicket's In ADDRESS 167 ONSET AVE		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02258
MANAGER: Wolfram, David	TYPE OF LICENSE: Innholde	er CATEGORY: All Alcohol
DESCRIPTION OF LICENSED P. FOUR STORY WOODEN BUILD	DING INCLUDING FURNISHEIND TIKI BAR LOCATED BELC	D BASEMENT. ENCLOSED DW COTTAGE.5 DINING RMS &
2. the licensee has complied 3. the premises are now opposed SIGNED BY:	I be of the same type for the same ed with all laws of the Commonwoen for business (If not explain between for Authorized Corporate)	realth relating to taxes; and relow)
We the undersigned, attest that		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  tificate required by Chapter 304 of the he fire department for the above named
	-	red by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By —	OCAL LICENSING AUTHORITY y:
DATE:	_	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800072	(	CITY OR TOWN WAREHA	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TSIKA, INC.			
DOING BUSINESS A MINERVA PIZZ	ZA .		
ADDRESS 257 MAIN STREET			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02571	
MANAGER: KALKANIS, LITSA TY	PE OF LICENSE: Resta	nurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
THE BUILDING IS A TWO STORY W SHOP CONSISTING OF A DINING-SE WALK IN COOLER, SMALL COOLER EXIT ON MAIN STREET, TWO ENTR	RVING AREA, KITCI AND BATHROOMS.	HEN,OFFICE ,STORAGE ARI THERE IS ONE ENT RANCI	EA,
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	* *	-	
2. the licensee has complied with		•	
3. the premises are now open for	business (If not explain	n below)	
SIGNED BY: Individual, Partner	r or Authorized Corpora	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social S	security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)		. <u> </u>	
(п аваррголеа схрані)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800081		CITY OR TOWN	WAREHAM
APPLICATION FO	OR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: PEPPER DIN	ING		
DOING BUSINESS	S A CHILI'S GR	JLL & BAR		
ADDRESS 2889 C	RANBERRY HI	GHWAY		
CITY/TOWN: WA	AREHAM	STATE: MA	ZIP CODE:	02571
	IBAULT, SHUA A.	TYPE OF LICENSE: Re	staurant CA	ΓEGORY: All Alcohol
EMAIL ADDRESS	<b>5</b> :			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
OFFICE, RESTRO	OM BOTH MEN	CONTAINING BAR,LOUN AND WOMEN, AND A	FOYER AREA. ONE	
<ol> <li>the rene</li> <li>the licen</li> </ol>	wed license will basee has complied	halties of perjury that: be of the same type for the d with all laws of the Com- en for business (If not expl	monwealth relating to	
SIGNED BY:	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, sign	ed by the buildin	re are in possession (1) th ng inspector and the hea quor liability insurance i	d of the fire departm	ent for the above named
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:	]		By:	
DISAPPROVED:	1-:)			
(If disapproved exp	iain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132800083		CITY OR TOWN	WAREHAM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAI	R
LICENSEE NAME:	WELCH'S BARNA	ACLE BILLS INC.			
DOING BUSINESS	A Barnacle Bill's				
ADDRESS 3126 CR	ANBERRY HIGHW	/AY			
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02538	
MANAGER: Welc	ch, Brian M TYI	PE OF LICENSE: Re	estaurant CA		e and Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF					
MAIN FLOOR WIT AND BASEMENT. DOOR.			ALK-IN COOLER ( EXIT AND ONE SII		
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of	the same type for th	e same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating to	taxes: and	
			•	, , , , , , , , , , , , , , , , , , , ,	
3. the premi	ses are now open for	business (If not exp	•	,	
	ses are now open for	business (If not exp	•		
3. the premi SIGNED BY:		business (If not exp	lain below)	, u, u	
			lain below)		
	Individual, Partner	or Authorized Corp	oorate Officer	IDENTIFICATION N	UMBER:
SIGNED BY:	Individual, Partner		lain below)  porate Officer  EMPLOYER		
DATE:  We the undersigned Acts of 2004, signed	Individual, Partner TELEPHON d, attest that we are	or Authorized Correct Organization Correc	lain below)  porate Officer  EMPLOYER	IDENTIFICATION N ividual Social Security ed by Chapter 304 nent for the above	Number) I of the e named
DATE:  We the undersigned Acts of 2004, signed license and (2) the original properties and the properties of the signed signed and the properties of the signed license and the properties of the signed signed signed and the properties of the signed	Individual, Partner TELEPHON d, attest that we are	or Authorized Correct Organization Correc	employer (Note: NOT Indicate certificate required of the fire departirequired by Chapte	IDENTIFICATION N ividual Social Security ed by Chapter 304 nent for the above	Number)  I of the e named of 2010.
DATE:  We the undersigned Acts of 2004, signed license and (2) the original properties of the signed license and (2) the signed l	Individual, Partner TELEPHON d, attest that we are	or Authorized Correct Organization Correc	employer (Note: NOT Indicate certificate required of the fire departirequired by Chapte	IDENTIFICATION Nividual Social Security  The description of the above the Acts of the Acts	Number)  I of the e named of 2010.
DATE:  We the undersigned Acts of 2004, signed license and (2) the explessed Check Below:  APPROVED:  DISAPPROVED:	Individual, Partner TELEPHON d, attest that we are d by the building inscertificate of liquor	or Authorized Correct Organization Correc	employer (Note: NOT Indicate required of the fire departurequired by Chapte	IDENTIFICATION Nividual Social Security  The description of the above the Acts of the Acts	Number)  I of the e named of 2010.
DATE:  We the undersigned Acts of 2004, signed license and (2) the original properties of the signed license and (2) the signed l	Individual, Partner TELEPHON d, attest that we are d by the building inscertificate of liquor	or Authorized Correct Organization Correc	employer (Note: NOT Indicate required of the fire departurequired by Chapte	IDENTIFICATION Nividual Social Security  The description of the above the Acts of the Acts	Number)  I of the e named of 2010.
DATE:  We the undersigned Acts of 2004, signed license and (2) the explessed Check Below:  APPROVED:  DISAPPROVED:	Individual, Partner TELEPHON d, attest that we are d by the building inscertificate of liquor	or Authorized Correct Organization Correc	employer (Note: NOT Indicate required of the fire departurequired by Chapte	IDENTIFICATION Nividual Social Security  The description of the above the Acts of the Acts	Number)  I of the e named of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 132800084		CITY OR TOWN V	VAREHAM
APPLICATION I	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: HADLEY-MACIN	TOSH ENTERPRIS	ES,INC.	
DOING BUSINE	SS A THE STONE BR	IDGE		
ADDRESS 5 EA	ST BOULEVARD			
CITY/TOWN: V	WAREHAM	STATE: MA	ZIP CODE:	02558
	ADLEY, JUSTIN TY	PE OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREMI	SES:		
AND EXITS. LIC	DINING ROOM, THRE QUOR WILL BE STOR ON EAST SIDE OF BU	ED ON DINING RO		
I hereby certify as	nd swear under penalties	s of perjury that:		
1. the rer	newed license will be of	the same type for the	same premises now lic	ensed;
2. the lic	ensee has complied with	all laws of the Comm	nonwealth relating to ta	ixes; and
3. the pro	emises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual Doutne	on Authorized Come	note Officen	
	individual, Partnei	or Authorized Corpo	rate Officer	
DATE:			EMBLOVED ID	DENTIFICATION NUMBER:
DATE.	TELEPHON	IE NUMBER:		dual Social Security Number)
Acts of 2004, sig	gned, attest that we are gned by the building in he certificate of liquor	spector and the head	l of the fire departmen	nt for the above named
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800089		CITY OR TOWN	WAREHAN	M
APPLICATION FOR RENEWAL:	: Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: SALERNO'S DOING BUSINESS A SALERNO ADDRESS 196 ONSET AVENUE	D'S FUNCTION HALL			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02558	
MANAGER: SALERNO, JOHN	TYPE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VIST  DESCRIPTION OF LICENSED P	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
TWO STORY; 3 ENTRANCE/EX FROM 2ND FL; BAR, KITCHEN, IN LOCKED BAR AREA IN CLO	, MAIN BALL RM. AND O	COCKTAIL ROOM.	ALCOHOL	
2. the licensee has complied	enalties of perjury that:  I be of the same type for the ed with all laws of the Component for business (If not explain the component for business).	nonwealth relating to		
SIGNED BY: Individual, I	Partner or Authorized Corpo	orate Officer		
DATE: TELE	PHONE NUMBER:	EMPLOYER (Note: NOT Inc	R IDENTIFICAT	
We the undersigned, attest that a Acts of 2004, signed by the build license and (2) the certificate of l	ling inspector and the head	l of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 132800090		CITY OR TOWN WAREF	IAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: STEVIE B'S	INC.		
DOING BUSI	NESS A ONSET SPO	ORTS RESORT		
ADDRESS 27	0 ONSET AVENUE			
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE: 02576	
MANAGER:	BERANGER, STEVE	TYPE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
	N OF LICENSED PR			
KITCHEN AN ONSET AVE.	ND OFFICE. ENTRA AND REAR DOOR	NCE/EXIT ON SIDE OF B EXIT ONLY IN BACK OF	E FLOOR, STAGE, DJ BOO LDG. EXIT IN FRONT OF I BLDG. ENCLOSED PATIO ERVICE BAR WITH 3 STOO	BLDG. ON O,
I hereby certify	y and swear under per	nalties of perjury that:		
		* *	same premises now licensed;	
	•		onwealth relating to taxes; an	ıd
3. the	premises are now ope	en for business (If not explain	in below)	
SIGNED BY:		artner or Authorized Corpor	rate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Acts of 2004,	signed by the buildi	ng inspector and the head	certificate required by Cha of the fire department for t quired by Chapter 116 of the	he above named
Please Check Bel	ow:		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 uisappiove	a Capiani)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800094		CITY OR TOWN	WAREHAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Rare Hospitality Inte	ernational Inc		
DOING BUSINESS	A Long Horn Steakho	ouse		
ADDRESS 2421 cra	inberry Highway suite	480		
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571
	RCELON, TYPI RICIA MARIE	E OF LICENSE:Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR F	EMAIL ADDRESS	
	LICENSED PREMISI			
	loor area with a full ser ce for public, side eme			
I hereby certify and	swear under penalties of	of perjury that:		
	ved license will be of the		=	
	see has complied with a		_	o taxes; and
5. the premi	ises are now open for b	ousiness (II not exp.	iaili below)	
SIGNED BY:	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved expl	 ain)			
(11 disappioved expi	a111 <i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	2800095	C	II Y OK TOWN	WAKEHAI	VI
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: RE	•		1		
DOING BUSINESS A		armet Burgers	and		
ADDRESS 2421 Cranbe					
CITY/TOWN: WAREF	IAM STA	ATE: MA	ZIP CODE:	02571	
MANAGER: HALLET	, HEIDI A. TYPE OF L	ICENSE: Resta	urant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LIC					
one story bldg, front entr			, dining room and	l lounge area	
I hereby certify and swea		•			
	icense will be of the same	• 1	1		
	as complied with all laws		_	o taxes; and	
3. the premises a	are now open for busines	s (II not explain	i below)		
SIGNED BY:	dividual, Partner or Auth	orized Corpora	te Officer		
DATE:	TELEPHONE NUM	DED.	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	I ELEPHONE NUM	DEK.			ecurity Number)
We the undersigned, at Acts of 2004, signed by	_	, ,	_		
license and (2) the certification					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	,	
DISAPPROVED:			•		
(If disapproved explain)					
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 132800098		CITY OR TOWN W	AREHAM
APPLICATION F	OR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: AL & EL CORP	ORATION		
DOING BUSINES	SS A ELLA'S WOOI	DBURNING OVEN RE	ESTAURANT	
ADDRESS 3136	CRANBERRY HIGH	WAY		
CITY/TOWN: W	VAREHAM	STATE: MA	ZIP CODE: 0	2571
	WIERKOWSKI, T REE D.	YPE OF LICENSE: Res	staurant CATE	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PREM			
THREE BATHRO	OOMS, KITCHEN, A	ND THREE ENTRAN	OF FIVE ROOMS, A D CES/EXITS. LIQUOR [ & DINING ROOM OI	WILL BE
I hereby certify an	d swear under penalti	es of perjury that:		
1. the ren	ewed license will be o	of the same type for the	same premises now lice	ensed;
2. the lice	ensee has complied wi	th all laws of the Comr	nonwealth relating to ta	xes; and
3. the pre	mises are now open for	or business (If not expla	nin below)	
SIGNED BY:	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004, sign	ned by the building i	nspector and the head	e certificate required b l of the fire departmen equired by Chapter 11	t for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piain)		-	
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132800100		CITY OR TOWN	WAREHAN	1
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	CAPTAIN'S AL RES	STAURANT, LLC			
DOING BUSINESS					
	RANBERRY HIGHWA				
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571	
	RRINGTON, TYPE RED A	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
	IR AND KITCHEN AF STORED IN BAR AR				S.
I hereby certify and s	swear under penalties o	f perjury that:			
	ved license will be of th		=		
	ee has complied with a		•	taxes; and	
3. the premi	ses are now open for be	usiness (ii not expi	ain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corno	orate Officer		
	11.01 (1.00m., 1 m.m.)	r rumoriide d'orp	71410 G111001		
DATE:	TELEPHONE	NI IMPED:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELETHONE	NOWIDEK.	(Note: NOT Ind		
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the head	d of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved explain	 ain)				
(II disappioved expli	uiii <i>)</i>				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 132800101		CITY OR TOWN	WAREHAM
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: THE BLUE DOO	G,LLC		
DOING BUSINES	S A PIPER BEAU'S			
ADDRESS 207 MA	AIN STREET			
CITY/TOWN: W	AREHAM	STATE: MA	ZIP CODE:	02571
MANAGER: JEF	PPI,NICK T	YPE OF LICENSE:Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	IISES:		
DINING AREA, K	ITCHEN, STORER	IALF STORY WOOI OOM, TWO WALK-I FRONT ENTRANCES	IN COOLERS AND	CONSISTING OF A
I hereby certify and	l swear under penalti	es of perjury that:		
1. the rene	wed license will be o	of the same type for the	e same premises now	licensed;
	_	th all laws of the Com	_	to taxes; and
3. the pren	nises are now open for	or business (If not exp	lain below)	
SIGNED BY:	Individual, Partn	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sign	ed by the building i	nspector and the hea	nd of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:	]		By:	
DISAPPROVED:	1			
(If disapproved exp	olain)			
			-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132	800102	(	CITY OR TOWN	WAREHAN	M
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: WA DOING BUSINESS A ZI ADDRESS 2421 CRANB	EN PALACE	CLASS E INC.			YEAR
CITY/TOWN: WAREH	AM ST	CATE: MA	ZIP CODE:	02571	
MANAGER: SHI, YING	G TYPE OF	LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEAS	E ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICE BUILDING OD APPROX BAR AND ONE LOUNG OUTDOOR PATIO ARE.	K. 5930 SQ FT WITH E BAR, ONE ENTRA	NCE AND TH	REE EXITSINC	LUDING AN	N
2. the licensee ha	under penalties of per cense will be of the san s complied with all law re now open for busine	ne type for the s	onwealth relating to		
SIGNED BY:	ividual, Partner or Au	thorized Corpor	ate Officer		
DATE:	TELEPHONE NUM	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
We the undersigned, att Acts of 2004, signed by t license and (2) the certif	the building inspector	r and the head	of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800104		CITY	OR TOWN	WAREHA	M
APPLICATION FOR I	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	ROSEBROOK PL	ACE HOSPITAL	ITY LLC			
DOING BUSINESS A	ROSEBROOK P	LACE HOSPITA	LITY INN	& CONFE	RENCE	
ADDRESS 2472 CRAI	NBERRY HIGHW	VAY				
CITY/TOWN: WARE	EHAM	STATE: M	A ZII	P CODE:	02571	
MANAGER: KANE,	JAMES F. TYI	PE OF LICENSE:	Restaurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	JR EMAIL ADDI	RESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:				
FULL SERVICE HOT						ENCE
AND BANQUET FAC						
CONFERENCE CENT						
BE AT THE DROP OF CODE	FOTHER ENT	RANCES AND E	XIIS WIL	L BE IN A	CCORDANC.	E 10
I hereby certify and swe	aar undar nanaltias	of parium that				
* *	license will be of		the come n	omicae not	ı ligançadı	
		• •				
	has complied with			•	to taxes; and	
3. the premises	s are now open for	business (if not e	xpiain beio	W)		
SIGNED BY:	Indiaideal Dames	A 41	Of	C:		
1	Individual, Partner	or Authorized Co	orporate Of	ncer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	ER IDENTIFICAT	TION NUMBER:
		E I (CIVIDEI).	1)	Note: <u>NOT</u> Ir	ndividual Social S	ecurity Number)
We the undersigned,	attest that we are	in nossession (1)	the certifi	cate requi	red by Chant	er 304 of the
Acts of 2004, signed b		_		_		
license and (2) the cer	rtificate of liquor	liability insuran	ce required	by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	]		<b>J</b> *			
(If disapproved explain	)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800105		CITY OR TO	WN WAREHA	ΔM
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	: ROSEBROOK PL	ACE HOSPITALIT	CY LLC		
DOING BUSINESS	A ROSEBROOK P	PLACE HOSPITAL	ITY		
ADDRESS 2476 CI	RANBERRY HIGHV	VAY			
CITY/TOWN: WA	AREHAM	STATE: MA	ZIP CODE	E: 02571	
MANAGER: KAI	NE, JAMES F. TY	PE OF LICENSE:R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:			-	
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS		
DEPICTED ON TH STORED BEHIND AREA/ROOMA LIMITED ACCESS I hereby certify and 1. the renev 2. the licent	RANT WITH SECU IE PLAN AND TO E A LIMITED ACCES MAIN ENTRANCE B DELIEVERY ENTI Swear under penaltie wed license will be of see has complied with ises are now open for	SE CONSTRUCTEING AREAND EXIT AND TRANCE s of perjury that: The same type for the all laws of the Core	O TO CODEAI A AND IN A LOO WO EMERGEN The same premises The same premises The same premises	LCOHOL WILL CKED STORAC CY EXITS WIT now licensed;	BE SE H ONE,
SIGNED BY:	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA $f T$ Individual Social	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the he	ad of the fire dep	partment for the	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
,	,				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132800106		CITY OR TOWN	WAREHA	M
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICE	NSED FOR 20	)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 241 MAI	A CFE SOLEIL				
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: HUN	T, LEANNE M.TYP	E OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
DESCRIPTION OF TWO STORIES CO.	PLEASE ALSO VISIT OUR WE LICENSED PREMIS NSISTING OF DINII M AND WALK IN C	ES: NG ROOM, KITC	CHEN AND 2 BATH		
REAR ENT/EXIT	wear under penalties				
2. the license	ed license will be of the ee has complied with sees are now open for	all laws of the Co	mmonwealth relating		
SIGNED B1.	Individual, Partner	or Authorized Con	porate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the he	ead of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					